

where he would be joined with everybody else in his State or in his region who is looking for an individual policy, and we would join their forces together and negotiate on their behalf. We'd have insurance companies bid into the exchange to bid to have the right to offer coverage to all of those individuals, and we would leverage the purchasing power of thousands of individuals.

Now, health insurance companies would still be regulated, just like they are today, but rather than operating in a market in one State at a time, rather than operating in a market where they are allowed to essentially negotiate with one person and one person and one person, they would now be negotiating with a pool of individuals, which would lower the costs for those people. Just a different way to structure the market. Still a regulated insurance market. It's just a different set of regulations.

It's another example of where government, by setting a more fair set of rules for insurance companies and individuals, can lower prices. That's what this legislation is talking about doing; not taking over the health care system, but establishing a different set of rules that benefits our constituents, individuals, and small businesses who have gotten the short end of the stick so far.

Mr. RYAN of Ohio. And so you go to this exchange that's going to be—there will be an essential benefits package that will be set by the Surgeon General and a group of experts who will decide what the essential benefits package would be, you know, dental, maternity, hospital, all the basics, and every insurance company that goes into this exchange, that will be the bare minimum. So there won't be any of this, I'm paying a lot of money out of pocket but my coverage is terrible, or, I don't have any to begin with. There will be this essential benefits package which will be the baseline coverage for every single private insurer that comes to the exchange.

Then they can build on that with premium plans, Cadillac plans, however high they want to go, so people who have a lot of money, there are still going to be plans up there because insurance companies will be making money.

What we're asking here in the House side now is, in addition to all of these private insurers, we put in, basically, a Medicare program, a Medicare program that will compete with all of the other private insurers. Everyone, 80 percent of the people who have Medicare like it. Sixty-five percent of the American people say this is a good idea. But that Medicare that would be in the exchange with all the other insurance companies would compete with all of them, but they wouldn't have to put money into marketing. They wouldn't have to pay a CEO \$100 kajillion a year or, turns out, like \$200,000 a minute or an hour, whatever it is nowadays and would compete. And by not having to

put all that money into advertising and all those other things could help bring costs down, and everyone else in the exchange would now have to compete with that.

So you want to talk about choice, that public option and the way we're setting up the exchange is all about choice. And if you're a family of four making less than \$89,000 a year, you're going to qualify for some health care credits, some subsidies. So you will get the subsidy from the government based on your income, and then you go to the exchange and pick any plan you want. No government bureaucrat's telling you what—no, you've got to pick this plan; no, I mean that one; you pick this one. There's none of that.

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You get the credit and then you go to the exchange. And if you want the public option, you could pick it. If you don't want it, you don't have to pick it.

Mr. MURPHY of Connecticut. Mr. RYAN, I think for those of our colleagues who are against this exchange, they've got to go to their constituents and the American people and explain to them why they don't believe that individuals should be able to join together and negotiate for lower rates.

If they're against the public option, they have to make the argument to their constituents why they don't think their constituents should have the choice to choose the same kind of health care that Members of Congress and Medicare beneficiaries and soldiers and veterans and public employees have. This is about banding people together to get lower rates, giving people more choice. And the reason why both of those ideas, Mr. RYAN, and I'll wrap up, have broad public support, every single poll that comes back says 60, 70 percent support the idea of the insurance exchange and a public option within it is because that's what they want. That's what they want, the ability to negotiate together and the ability to have more choice.

Mr. RYAN of Ohio. And how do our friends who talk about freedom and liberty want to deny the ability to basically buy into a Medicare-type program? That seems to me like it's limiting the consumers' choice, limiting freedom. And what we're saying is they have all got to compete. They have all got to be there. We're going to help you pay for it because we know if you don't get insurance you're going to go cost us a heck of a lot more money in the emergency room and this is all about choice.

And you know, if you like what you have, you keep it. That's fine. So you know, this is good. I think about the 1,600 families in my district that go bankrupt because of health care. I think of the people that will have opportunity and options because of what we're trying to set up here and reform this system.

But as we close, Mr. Speaker, I would just like to say, if you look at what we

have tried to do and what we have done over the course of the last 7 or 8 months, we've taken on the oil industry; we're taking on the insurance industry. Since we've been here, we've raised the minimum wage, increased money for Pell Grants, taken the banks out of student loans so that people can afford to go to college, make investments back into the middle class, infrastructure money, stimulus money, thousands of teachers are at school right now because of stimulus money that is coming out, invested in the green technologies, green energy.

If you look, issue by issue by issue by issue, everything that we have done has been sticking up for the middle class and taking on the special interests that have been driving down wages, driving up health care costs, making it difficult for small businesses, making it difficult to go to college, cutting every business in on the deal, no matter what; and it's important to recognize that this reform proposal and this reform bill is all about giving the middle class consumer protections, choice, and affordable health care in a system that has justice.

So I want to thank my friend from Connecticut, I want to thank our friend from Pittsburgh, western PA, who was here. And, again, our condolences out to people in the Pacific who are going through a very, very difficult time who shared with us earlier in the hour.

With that, we yield back the balance of our time.

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has agreed to a concurrent resolution of the House of the following title:

H. Con. Res. 191. Concurrent resolution directing the Clerk of the House of Representatives to make technical corrections in the enrollment of H.R. 2918.

The message also announced that the Senate agrees to the report of the committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2918) "An Act making appropriations for the Legislative Branch for the fiscal year ending September 30, 2010, and for other purposes."

NATIONAL HEALTH CARE

The SPEAKER pro tempore (Mr. SCHAUER). Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. Mr. Speaker, it is an honor and a privilege to address you here on the floor of the House of Representatives. And having listened to the dialogue that was presented by my colleagues, often I will be able to see them on C-SPAN and then I'm inspired to come over here and take up the